



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Shashi Rao, M.D.

**Respondent Name**

Service Lloyds Insurance Company

**MFDR Tracking Number**

M4-16-0094-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

September 14, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "\$350.00 for exam + \$300.00 for range of motion + \$150.00 for 2<sup>nd</sup> body area"

**Amount in Dispute:** \$150.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "CorVel maintains, the requestor Geneva Medical Management Inc is not entitled to additional reimbursement for the designated doctor examination performed on 03/11/15 to address Maximum Medical Improvement and Impairment (MMI/IR) based on the workers' compensation specific services outlined under 28 TAC Chapter 134."

**Response Submitted by:** CorVel

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 11, 2015	Designated Doctor Examination	\$150.00	\$150.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for Division-specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' Compensation State Fee Schedule Adj
  - 18 – Duplicate Claim/Service
  - R1 – Duplicate Billing
  - ORC – See Additional Information

- Comment: "HCP used DRE method for both Lumbar and Cervical area. That's \$150 each, not \$300 + \$150. NO additional allowed."

### **Issues**

1. What is the maximum allowable reimbursement (MAR) for the disputed services?
2. Is the requestor entitled to additional reimbursement?

### **Findings**

1. Per 28 Texas Administrative Code §134.204 (j)(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation indicates that the requestor performed an evaluation of Maximum Medical Improvement. Therefore, the correct MAR for this examination is \$350.00.

This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(j)(4), which states that:

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
  - (i) Musculoskeletal body areas are defined as follows:
    - (I) spine and pelvis;
    - (II) upper extremities and hands; and,
    - (III) lower extremities (including feet).
  - (ii) The MAR for musculoskeletal body areas shall be as follows...
    - (II) If full physical evaluation, with range of motion, is **performed** [emphasis added]:
      - (-a-) \$300 for the first musculoskeletal body area; and
      - (-b-) \$150 for each additional musculoskeletal body area.
- (D) ...
  - (i) Non-musculoskeletal body areas are defined as follows:
    - (I) body systems;
    - (II) body structures (including skin); and,
    - (III) mental and behavioral disorders.
  - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
  - (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds on page 3 of the Report of Medical Evaluation, signed by M. Shashi Rao, that the requestor performed a full physical evaluation with range of motion. According to page 7, Supplemental Information, the whole body impairment rating included a rating of the spine and head. Therefore, the correct MAR for this examination is \$450.00.

2. The total MAR for the disputed services is \$800.00. The insurance carrier paid \$650.00. An additional reimbursement of \$150.00 is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$150.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### Authorized Signature

_____ Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	November 3, 2015 Date
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## YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**